



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of : Confirmation No. 2566
Yoshiki SUGETA et al. : Attorney Docket No. 2004_2050A
Serial No. 10/519,542 : Group Art Unit 1795
Filed April 27, 2005 : Examiner Christopher G. Young
OVER-COATING AGENT FOR FORMING : Mail Stop: RCE
FINE PATTERNS AND A METHOD OF
FORMING FINE PATTERNS USING SUCH AGENT

PATENT OFFICE FEE TRANSMITTAL FORM

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Attached hereto is a check in the amount of \$862.00 to cover Patent Office fees relating to filing the following attached papers:

Request for Continued Examination (RCE) \$810.00

Additional Claims Fee Transmittal Letter \$52.00

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

THE COMMISSIONER IS AUTHORIZED
TO CHARGE ANY DEFICIENCY IN THE
FEES FOR THIS PAPER TO DEPOSIT
ACCOUNT NO 23-0975

Respectfully submitted,

Yoshiki SUGETA et al.

By: Matthew M. Jacob

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October 29, 2008

[Check No. 87974]
2004_2050A



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ADDITIONAL CLAIMS FEE TRANSMITTAL LETTER

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Sir:

Transmitted herewith is an Amendment in the above-identified application. Additional fees required as a result of this Amendment are calculated as follows:

	SMALL ENTITY	LARGE ENTITY	
Total Claims exceeding 20 (not already paid for): <input checked="" type="checkbox"/> x	(\$ 26 = \$)	or	(\$52 = <u>\$52.00</u>)
Indep. Claims exceeding 3 (not already paid for): <input type="checkbox"/> x	(\$110 = \$)	or	(\$220 = \$)
[] Multiple Dep. Claim(s) (if there previously were none): +	(\$195 = \$)	or	(\$390 = \$)
Total Additional Fee =	\$	or	<u>\$52.00</u>

- Small entity status of this application has been previously asserted.
- Small entity status of this application is established by the verified statement under 37 C.F.R. 1.9 and 1.27 which
 - is enclosed or
 - has been previously submitted.

- A check in the amount of \$52.00 is enclosed.
- Please charge Deposit Account No. 23-0975 the amount of \$ to cover additional fee. The Commissioner is authorized to charge any deficiency associated with this communication or to credit any overpayment to the Deposit Account. The original and two copies of this document are enclosed.

The Commissioner is authorized to charge any deficiency or to credit any overpayment associated with this communication to Deposit Account No. 23-0975, with the EXCEPTION of deficiencies in fees for multiple dependent claims in new applications.

Respectfully submitted,

Yoshiki SUGETA et al.

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